

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. BAH-25-337

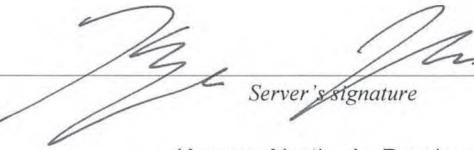
PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Health Resources and Services Administration
was received by me on *(date)* 02/07/2025.

- I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or
- I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or
- I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or
- I returned the summons unexecuted because _____; or
- Other *(specify)*: Certified U.S. Mail, Postage Prepaid, Return Receipt Requested
Delivered on 2/10/2025

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 03/05/2025
Server's signature

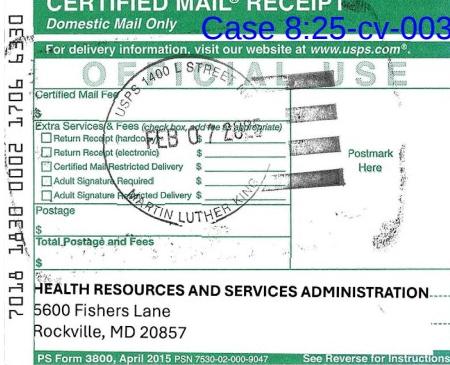
Kenyon North, Jr. Paralegal

Printed name and title

Jenner & Block LLP
1099 New York Ave., NW, Ste. 900
Washington, D.C. 20001

Server's address

Additional information regarding attempted service, etc:



HEALTH RESOURCES AND SERVICES ADMINISTRATION
5600 Fishers Lane
Rockville, MD 20857

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HEALTH RESOURCES AND SERVICES ADMINISTRATION

5600 Fishers Lane
Rockville, MD 20857

COMPLETE THIS SECTION ON DELIVERY

- | | |
|-------------------------------|---|
| A. Signature | <input checked="" type="checkbox"/> Agent |
| X | <input type="checkbox"/> Addressee |
| B. Received by (Printed Name) | C. Date of Delivery |
- FEB 10 2025

D. Is delivery address different from item 1? Yes
YES, enter delivery address below: No

- Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

9590 9402 4801 8344 9858 99

2. Article Number (Transfer from service label)

7018 1830 0002 1706 6330

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt